

Please type a plus sign (+) inside this box [+]

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No: 24793-24

Total Pages: 28

First Named Inventor: Thomas TERWEE

Title: New Method

Express Mail Label No. EV446414061US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESSED TO:Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

- | | |
|---|---|
| <p>1. <input checked="" type="checkbox"/> Utility Patent Application Transmittal
[Total Pages: 2]</p> <p>2. <input type="checkbox"/> Applicant(s) claim(s) small entity status, 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification, Claims and Abstract
[Total Pages: 25]</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets: 1]</p> <p>5. Oath or Declaration [Total Pages: <u> </u>]
 a. <input type="checkbox"/> Newly executed (original or copy)
 b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 21 completed) [Note Box 6 below]
 i. <input type="checkbox"/> DELETION OF INVENTORS
 Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Incorporation By Reference (useable if Box 5b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> | <p>7. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 a. <input type="checkbox"/> Computer readable copy
 b. <input type="checkbox"/> Paper copy (identical to computer copy)
 c. <input type="checkbox"/> Statement verifying identity of above copies</p> |
|---|---|

Accompanying Application Parts

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of attorney (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS/PTO-1449)
☐ Copies of Citations
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
15. ☐ Certified Copy of Priority Document(s)
16. ☐ Request and Certification Under 35 U.S.C. §122(b)(2)(B)(i)
17. ☒ Other: Claim for Priority Under 35 U.S.C. §119

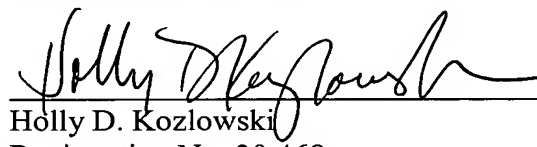
17. FEE CALCULATION

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	43 - 20 =	23	x \$18 =	\$ 414.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	1 - 3 =	0	x \$86 =	\$ 0
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			+ \$ _____ =	\$ --
				BASIC FEE (37 CFR 1.16(a))	\$ 770.00
				Total of above Calculations =	\$1184.00
				Reduction by 50% for filing by small entity (37 CFR 1.27) =	\$ --
				TOTAL =	\$1184.00

18. ☐ Please charge Deposit Account No. 04-1133 in the amount of \$ _____.
19. a. ☐ A check in the amount of \$ _____ is enclosed.
b. ☒ Please charge the amount of \$1184.00 to our Visa credit card account. Form PTO-2038 is attached.
20. ☒ The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 04-1133:
a. ☒ Fees required under 37 CFR 1.16
b. ☒ Fees required under 37 CFR 1.17

21. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ _____ / _____, filed _____					
22. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 24256 or <input type="checkbox"/> Correspondence Address Below					
Name.	Holly D. Kozlowski				
	Dinsmore & Shohl LLP				
Address	1900 Chemed Center				
	255 East Fifth Street				
City	Cincinnati	State	OH	Zip Code	45202
Country	USA	Telephone	513-977-8568	Fax	513-977-8141

Respectfully submitted,



Holly D. Kozlowski
 Registration No. 30,468
 Attorney for Applicant(s)
 Dinsmore & Shohl LLP
 1900 Chemed Center
 255 E. Fifth Street
 Cincinnati, OH 45202
 (513) 977-8568

CERTIFICATE OF EXPRESS MAILING

"Express Mail" mailing label #: EV446414061US

Date of Deposit: 16 March 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop Patent Application; Commissioner for Patents; P.O. Box 1450; Alexandria, VA 22313-1450.

